

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

EDWARD WISNIEWSKI and)	
MARY WISNIEWSKI, Co-Administrators)	
of the Estate of Eric E. Wisniewski,)	C.A. No.: 1:08-cv-00026 (GMS)
Deceased,)	
Plaintiffs,)	JURY TRIAL DEMANDED
)	
v.)	
)	
OCEAN PETROLEUM, L.L.C., and)	
BRUCE PREDEOUX,)	
)	
Defendants.)	

MAILING AFFIDAVIT

STATE OF DELAWARE :
:
NEW CASTLE COUNTY :

On February 4, 2008, personally appeared before me, Kathryn S. Keller, who by me being duly sworn did depose and say that:

1. She is an attorney with Campbell & Levine, LLC, the attorneys of record for Plaintiffs in the above-captioned case.
2. She did cause a Complaint to be filed with the Superior Court of the State of Delaware in and for New Castle County on October 31, 2008. That same day, a Summons and Praecipe were issued for service upon the Defendants through the Delaware Secretary of State.
3. On December 17, 2008, the Sheriff's return on the Secretary of State was returned and filed with the New Castle County Prothonotary's Office.
4. She did cause to be mailed by registered mail on December 18, 2007, return receipt requested, a copy of the return of process by the Sheriff of Kent County on the Secretary of State of Delaware, as well as a copy of the Original Complaint and the Notice required under

10 Del. C. § 3104 to Defendant Bruce Predeoux whose address is 29087 Raven Court, Salisbury, Maryland, 21801.

5. On January 10, 2008, Plaintiffs' counsel received the Original Complaint and Notice registered mail envelope with a notation that it was "unclaimed." The original mailing envelope and the original receipt given by the post office at the time of mailing the above documents are attached hereto as Exhibit A.

6. On January 11, 2008, Plaintiffs' counsel did cause to be mailed by registered mail, return receipt requested, a second copy of the return of process by the Sheriff of Kent County on the Secretary of State of Delaware, as well as a copy of the Original Complaint and the Notice required under 10 Del. C. § 3104 to Defendant Bruce Predeoux at 29087 Raven Court, Salisbury, Maryland, 21801.

7. On January 31, 2008, Plaintiffs counsel received the second registered mail envelope containing the Original Complaint and Notice with the notation "unclaimed." The second original mailing envelope and the original receipt given by the post office at the time of mailing the above documents are attached hereto as Exhibit B.

Dated: February 4, 2008

CAMPBELL & LEVINE, LLC

By: /s/Kathryn S. Keller

Kathryn S. Keller (DE 4660)
800 N. King St., Suite 300
Wilmington, DE 19801
(302) 426-1900

Attorney for the Plaintiffs

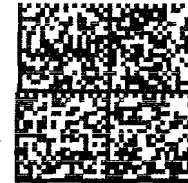
SWORN TO AND SUBSCRIBED before me the day and year aforesaid

/s/Bruce Campbell
NOTARY PUBLIC

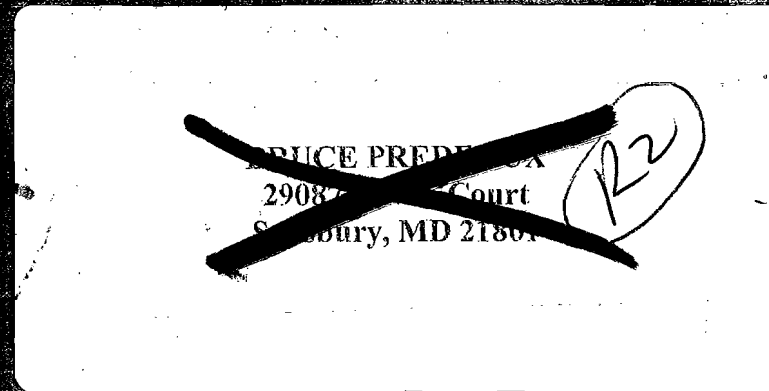
EXHIBIT A



016H26513832
Hasler
\$04.60⁰⁰
12/18/2007
Mailed From 19899
US POSTAGE




016H26513832
Hasler
\$ 11.65⁰⁰
12/18/2007
Mailed From 19899
US POSTAGE



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: <i>Mr. Bruce Redwood</i> <i>29087 Rockledge</i> <i>Salisbury, MD 21804</i>		B. Received by (<i>Printed Name</i>)	C. Date of Delivery
2. Article Number <i>(Transfer from service label)</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	

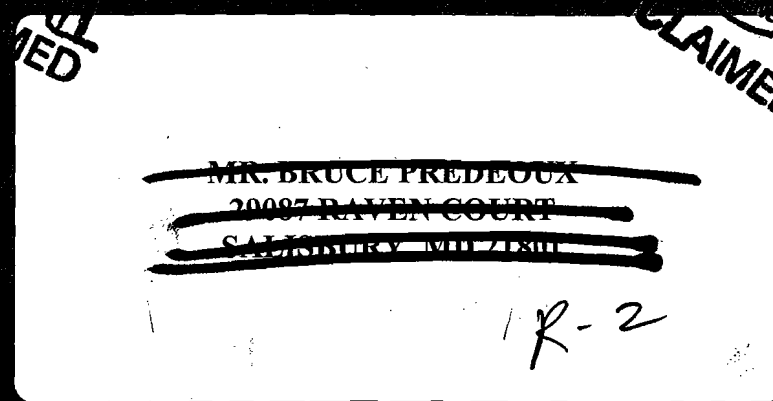
RE 215 536 878 US

102595-02-M-1540

Registered No. DE215536878US		Date Stamp 
To Be Completed By Post Office	Reg. Fee 9.50	
	Handling Charge	Return Receipt 2.15
	Postage 4.10	Restricted Delivery <input checked="" type="checkbox"/>
	Received by [Signature]	
	Customer Must Declare Full Value \$	
		<input type="checkbox"/> With Postal Insurance <input checked="" type="checkbox"/> Without Postal Insurance <small>(See Reverse).</small>
OFFICIAL USE 1387		
To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	FROM	Campbell & Levine, LLC 800 N. King St., Ste. 300 Wilmington, DE 19801
	TO	Mr. Bruce Fredcox 29087 Raven Court Salisbury, MD 21801

PS Form 3806, **Receipt for Registered Mail** Copy 1 - Customer
May 2004 (7530-02-000-9051) (See Information on Reverse)
For domestic delivery information, visit our website at www.usps.com®

EXHIBIT B



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X</p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Mr. Bruce 29087 Salisbury, MD</p> <p>RETURNED TO SENDER UNCLAIMED</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
		<p>RE 338 589 148 US</p>	
		<p>102595-02-M-1540</p>	

Registered No.		RE33858914808		Date Stamp
To Be Completed By Post Office	Reg. Fee	\$9.50		0501
	Handling Charge	\$0.00	Return Receipt <input checked="" type="checkbox"/> \$2.15	19
	Postage	\$4.60	Restricted Delivery \$0.00	01/11/08
	Received by <i>Duella</i>			
	Customer Must Declare Full Value \$ 0.00			
		<input type="checkbox"/> With Postal Insurance	Domestic Insurance up to \$25,000 is included in the fee. International Indemnity is limited. (See Reverse).	
		<input checked="" type="checkbox"/> Without Postal Insurance		
OFFICIAL USE				
To Be Completed By Customer (Please Print) All Entries Must Be In Ballpoint or Typed	FROM	Campbell & Levine, LLC		
		800 N. King St., Suite 300		
		Wilmington, DE 19801		
	TO	Mr. Bruce Predeoux		
		29087 MD 21007 Court		
		Salisbury, MD 21801		

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer
May 2004 (7530-02-000-9051) (See Information on Reverse)
For domestic delivery information, visit our website at www.usps.com®